

patient group. Following the initial review the tablet-based ePRO version was pilot tested with 10 endometriosis patients who were native speakers of UK English. The translated versions of the EHP were adapted for ePRO administration and the resulting screenshots proofread for accuracy. **RESULTS:** Feedback from patients indicated that some amendments to the formatting and ordering of instructions would be beneficial. However, all respondents indicated that the ePRO version of the EHP was easy to use and preferable to a paper-based questionnaire. The ePRO format posed some difficulties for specific languages which required an adjustment to the layout or wording structure. **CONCLUSIONS:** Cognitive debriefing and usability testing confirmed that the ePRO version of the questionnaire was an accurate representation of the original paper version. This was achieved via cooperative input at the initial review stage to ensure that all aspects were considered and close collaboration throughout the project to find appropriate solutions to the challenges posed by the ePRO administration of the EHP.

#### PIH79

##### EVALUATING THE TRANSLATABILITY OF PHYSICAL ASSESSMENT CLINICAL OUTCOMES ASSESSMENT (COA) ITEMS

McKown S<sup>1</sup>, Talbert M<sup>2</sup>, Brandt BA<sup>3</sup>, Gawlicki MC<sup>3</sup>

<sup>1</sup>Corporate Translations, Inc., Chicago, IL, USA, <sup>2</sup>Corporate Translations Inc., Chicago, IL, USA,

<sup>3</sup>Corporate Translations, Inc., East Hartford, CT, USA

**OBJECTIVES:** The objective of this study is to determine which physical assessment Clinical Outcomes Assessment (COA) questionnaire items are most translatable. **METHODS:** Eighteen (18) physical assessment items were analyzed, using back-translations to determine conceptual equivalency with the source text. Previous studies have regarded 80% source conceptual equivalency as a translatibility benchmark. Translator feedback regarding cultural appropriateness also influenced whether certain physical assessment items were optimal for use in questionnaires, as some items might be translatable, but not appropriate for the target country. **RESULTS:** Physical assessment items were grouped into three categories: highly translatable, moderately translatable, and problematic. Highly translatable examples, “running errands,” “getting around town” and “washing yourself” were translated with conceptual equivalency 100% of the time, and were considered culturally appropriate for all languages. Moderately translatable items, such as “taking a trip” may be misconstrued, as the distance implied may differ across languages. “Bathe yourself” was translated with 87% conceptual equivalency, and may be misunderstood as “taking a bath,” when the intention is to clean oneself. Problematic items, such as “going out,” translated with conceptual equivalency only 76% of the time, requiring a destination or activity to be comprehensible in other languages. “Walking a block,” although achieving 84% conceptual equivalency, is not applicable nor understood in many languages. When measuring distance walked, it is recommended to be specific, using examples such as 100 meters or a kilometer. **CONCLUSIONS:** Specific concepts appear to be more translatable and universal, such as “getting around town” and “walking 100 meters.” Items left open for interpretation, such as “bathing yourself” or “taking a trip” can cause moderate translation difficulties. Additionally, many languages cannot coherently translate less specific items, such as “going out,” or translate culturally specific items. Although “walking a block” is translatable, such an example is unlikely to be understood in many languages.

#### PIH80

##### THEORETICAL AND PRACTICAL POSSIBILITIES OF THE MEASUREMENT OF POSTOPERATIVE PAIN IN OBSTETRIC INTENSIVE WARD

Oláh A<sup>1</sup>, Toldyné Beck M<sup>1</sup>, Müller Á<sup>1</sup>, Knisz J<sup>1</sup>, Gelencsér E<sup>2</sup>, Szunomár S<sup>1</sup>, Boncz I<sup>3</sup>, Fullér N<sup>1</sup>

<sup>1</sup>University of Pécs, Pécs, Hungary, <sup>2</sup>University of Pécs, Kaposvár, Hungary, <sup>3</sup>Faculty of Health Sciences, University of Pécs, Pécs, Hungary

**OBJECTIVES:** The measurement of the degree of pain and the exploration of influencing factors to compare data about the evaluation of postoperative pain given patients and nurses on a numeric scale. The connection between BMI index, age and verification of need for opiate associated with BMI was evaluated. Our aim was to measure whether nurses underestimate the level of pain in patients as well to show the advantages of multimodal analgesia and the additional opiate needs. **METHODS:** The survey was conducted between the 1st November and 15th of December in 2013 among 40 patients who had surgery and 10 nurses dealing with them afterwards. Data was collected at the sub intensive ward of the Department of Obstetrics and Gynaecology, University of Pécs. The analysis of results was performed with MO Excel 2007 program. For data analysis absolute and relative frequency, Chi-square test, two-sample t-test, correlation and linear regression analysis besides the significance level  $p < 0.05$ . Results were presented with main confidence interval. **RESULTS:** Nurses underestimated the patients' pain value ( $p = 0.011$ ). Tight and continuous connection with the patient's vital parameters had not been proved ( $p > 0.05$ ). Connection was not found between the age and BMI index of the patients ( $p = 0.134$ ), however in case of the mostly overweight sample group the need for opiate wasn't increased ( $p = 0.62$ ). It is shown by the survey that open surgeries aren't result in higher pain value which was not significant after adequate analgesia ( $p > 0.05$ ). The benefit of multimodal therapy in analgesia had been proved, although it had not resulted in decreased need for opiate ( $p = 0.807$ ). **CONCLUSIONS:** It is essential to conduct a survey on the knowledge of health care workers in the future and to organize possible workshops and create protocols. Moreover, pain should be monitored minimum three times a day (Shugarman LR., 2010, Canada).

#### PIH81

##### HEALTH RELATED QUALITY OF LIFE IN PATIENTS RECEIVING HOME ENTERAL NUTRITION IN SPAIN ASSESSED BY A SPECIFIC QUESTIONNAIRE: NUTRIQOL®

Apeztexea A<sup>1</sup>, Cuerda C<sup>2</sup>, Virgili N<sup>3</sup>, Irlas JA<sup>4</sup>, Cuesta F<sup>5</sup>, Casanueva F<sup>6</sup>, Carrillo L<sup>7</sup>, Layola M<sup>8</sup>, Lizán L<sup>9</sup>

<sup>1</sup>Hospital Basurto, Bilbao, Spain, <sup>2</sup>Hospital Universitario Gregorio Marañón, Madrid, Spain,

<sup>3</sup>Hospital Bellvitge, Barcelona, Spain, <sup>4</sup>Hospital Universitario Nuestra Señora de Valme, Sevilla,

<sup>5</sup>Hospital San Carlos, Madrid, Spain, <sup>6</sup>Hospital Universitario Santiago de Compostela, Santiago de Compostela, Spain, <sup>7</sup>Centro de Salud Victoria de Acentejo, Santa Cruz de Tenerife, Spain, <sup>8</sup>Nestle health science, Barcelona, Spain, <sup>9</sup>Outcomes'10, Castellon, Spain

**OBJECTIVES:** To assess Health Related Quality of Life (HRQoL) in patients receiving Home Enteral Nutrition (HEN) using NutriQoL® questionnaire in Spain. **METHODS:** NutriQoL®, a specific questionnaire, developed and validated in Spain, for the assessment of HRQoL of patients receiving HEN regardless of the underlying condition was administered to a prospective cohort from 9 Spanish hospitals. It includes 17 pairs of items of HEN-related HRQoL grouped in two dimensions: 1) physical functioning and activities of daily living; 2) social life aspects, scoring from -51 (worst HRQoL) to 51 (best HRQoL). Cluster analysis using k-means identified groups of patients with similar HRQoL. **RESULTS:** A total of 140 subjects (61.4% men; mean (SD) age: 62.7 (15.41) participated. NutriQoL® mean total score was 14.98 (14.86). Dimension 1 and 2 scored 13.55 (11.71) and 1.40 (4.74). Cancer patients presented lower HRQoL compared to neurological and malabsorption patients (12.76 vs. 18.11 vs. 17.37;  $p = 0.098$ ). Patients receiving oral HEN as a supplement referred higher HRQoL than those receiving HEN by gastrostomy or nasogastric tube (19.54 vs. 14.00 vs. 7.02;  $p < 0.001$ ) as their only nutrition route (19.33 vs. 8.18;  $p < 0.001$ ). Up to 71.4% of patients referred HRQoL improvements since the introduction of HEN. Cluster analysis resulted in 4 groups according to NutriQoL® score. Cluster 1 [32.23 (5.83)]: Neurologic patients receiving oral HEN as a supplement. Cluster 2 [18.19 (3.94)]: oncologic disease receiving HEN by gastrostomy as a supplement. Cluster 3 and 4: [3.9 (4.67) and 12.21 (5.95)]: oncologic patients receiving oral HEN as a supplement, with differences in terms of severity (Charlson index 2.45 (2.65) vs. 3.14 (2.57)). **CONCLUSIONS:** NutriQoL® results demonstrated a sample with a fairly good HRQoL, where the introduction of HEN had improved their HRQoL. In patients receiving HEN, physical functioning and activities of daily living were better predictors than social life domain.

#### PIH82

##### QUALITY OF LIFE IN PREGNANT WOMEN ATTENDING ANTI-NATAL CLINICS IN RURAL AND URBAN AREAS OF DELTA STATE

Arute JE<sup>1</sup>, Eniojukan JF<sup>2</sup>, Odili VO<sup>1</sup>

<sup>1</sup>DELTA STATE UNIVERSITY, ABRAKA, Nigeria, <sup>2</sup>Niger Delta University, Wilberforce Island, Nigeria

**OBJECTIVES:** Preventing problems for mothers and babies depends on an operational continuum of care with accessible, high quality care before and during pregnancy, childbirth, and the postnatal period. The objective of this study is to evaluate the quality of life of pregnant women attending antenatal clinics in rural and urban areas of Delta State, Nigeria. **METHODS:** A descriptive cross sectional study design was used. Six hundred and ninety nine pregnant women attending antenatal clinics in selected hospitals were interviewed using a 31 item pretested, structured questionnaire developed using the World Health Organization Quality of Life (WHOQOL) on Pregnancy assessment brief template. Data assessed include socio-demographics and questions relating to physical, psychological, social and environmental health were used to assess the health related quality of life values in each of the study participants. Data collected were analyzed using the Statistical Package for Social Sciences (SPSS) software version 16.0. The level of statistical significance was set at  $P < 0.0001$ . **RESULTS:** The mean age of the respondent was 27±5.04. The HRQOL mean scores were highest for the environmental domain (26.39±5.34) and lowest for the social relationship domain (11.43±1.81). The overall QOL mean scores in the other two domains were: physical health (24.84±3.74), psychological health (21.84±3.03). Significant differences were observed in all domains except social relationship. **CONCLUSIONS:** The health related of life (HRQOL) in pregnant women was found to be lower in those living in the rural areas than their counterparts in the urban areas in all domains except social relationships.

#### INDIVIDUAL'S HEALTH – Health Care Use & Policy Studies

#### PIH83

##### HOSPITAL DRG COSTING AND HEALTH SERVICES USE OF VERY PRE-TERM INFANTS FROM THE PROPREMS NEURO STUDY ACROSS 10 HOSPITALS IN AUSTRALIA AND NEW ZEALAND

Sia KL<sup>1</sup>, Gold L<sup>1</sup>, Jacobs S<sup>2</sup>, Cheong J<sup>2</sup>, Opie G<sup>3</sup>, Garland S<sup>2</sup>, Donath S<sup>4</sup>, Hickey L<sup>2</sup>, Boland R<sup>4</sup>, Webster C<sup>5</sup>

<sup>1</sup>Deakin Health Economics, Melbourne, Australia, <sup>2</sup>Royal Women's Hospital, Melbourne, Australia,

<sup>3</sup>Mercy Hospital for Women, Melbourne, Australia, <sup>4</sup>Murdoch Children's Research Institute, Melbourne, Australia, <sup>5</sup>Northern Hospital, Melbourne, Australia

**OBJECTIVES:** Mortality and morbidity of very preterm (born <32 weeks' gestation) and very-low-birth-weight (VLBW, <1500g) infants impose substantially on finite health resources. This study estimated costs of hospital and non-hospital services for a cohort enrolled in ProPrems Neuro, of very preterm/VLBW infants from birth to 24 months' age corrected for prematurity. We also tested the sensitivity of results to the costing approach used. **METHODS:** ProPrems Neuro study assesses the 2-year outcomes of very preterm/VLBW infants from Australia and New Zealand from 2007-2011 in a prospective multicentre, double-blinded randomised controlled trial of probiotic administration. Infants' health resource use was collected from medical assessment records at birth hospitals, parent report and, with parental consent, from Medicare Australia (Government database) for resource use up to 24 months. Hospital costs were calculated separately by the Victorian (State) Casemix funding approach and the newly implemented national activity-based funding (ABF) algorithm. AR-DRG diagnostic/procedural codes were used to classify inpatient episodes by prematurity/birth weight, complications, length of stay (LoS), hospital and patient characteristics. Costs were measured in 2013 Australian dollars. **RESULTS:** 1099 preterm infants across 10 hospitals were included. Average costs were highest for infants with birth weight <750g: \$224,158 with mean LoS 105 days. Cost comparison between Casemix and ABF systems showed significantly lower costs using the national algorithm. Mean cost difference for the largest participating hospital was \$9132 (95%CI 5998, 12267;  $p < 0.001$ ). Final results of infant health service use to 2